## APPLICATION FOR SEARCH OF MARRIAGE RECORD FILES

Party A/Groom				
Full Name:				
(At the time applied for n	narriage)			_
First		Middle		Last
Part B/Bride				
Full Name:				
(At the time applied for marriage)				<u>-</u> .
First		Middle		Last
Date of Marriage				
	Month	Day	Year	
D1 03.5 1				
Place of Marriage	: Church or Place City			
	Church or	Place	City	
APPLICATION M	IADE BY:			
NAME:				
STREET ADDRESS:				
CITY:	STAT	E:	ZIP CODE:	
APPLICANT'S SIGNA	ATURE :			_
APPLICANT'S RELA	TIONSHIP TO F	PERSON:		_
PHONE NUMBER_				
NUMBER OF COPIE	S DESIRED: _		_	

## A Copy of applicants State Issued Identification is required with this request

\$7.00 First Copy, \$2.00 Each Additional

Genealogy Copies require a NON REFUNDABLE \$10.00 Search fee PLUS \$7.00

(SEARCH FEE MUST BE A SEPARATE CHECK OR MONEY ORDER)

(Genealogical copies are non certified copies for those married for 50 years ago or more only)

## Send to:

Ford County Clerk & Recorder 200 W. State St., Room 101 Paxton, IL. 60957